

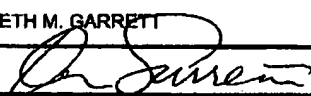
PTO/SB/21 (09-04)

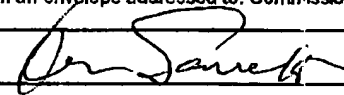
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/728,887	
	Filing Date	12/08/2003	
	First Named Inventor	FOLKMAR, JAN	
	Art Unit	3877	
	Examiner Name	BRITTAIN, J.R.	
Total Number of Pages in This Submission	2	Attorney Docket Number	POLAA P110US

ENCLOSURES (Check all that apply)		
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PTO/SB/81 (01-06)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/728,887
	Filing Date	12/08/2003
	First Named Inventor	FOLKMAR, JAN
	Title	ADJUSTABLE CLIP
	Art Unit	3877
	Examiner Name	BRITTAIN, J
	Attorney Docket Number	BOLAA P110US

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ Practitioner(s) named below:

Name	Registration Number
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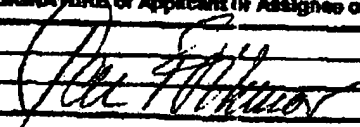
Telephone: **905-815-0424** Email: **KEN.G@BONNIELLE.COM**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant (or Assignee of Record)

Signature		Date	13.09.06	
Name		JAN FOLKMAR	Telephone	+1 (416) 890 4080
Title and Company				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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